

PART II - ROUTINE PREREQUISITES												
TASK	REGULATION DATA					SOLDIER DATA						
Minimum Aptitude Score (ASVAB)	CO	CL	FA	GM	M	CO	CL	FA	GM	MM		
(if applicable)	OF	EL	SC	ST	GT	OF	EL	SC	ST	GT		
Color vision requirements (if applicable)												
Physical demand rating/profile (PULHES)	P	U	L	H	E	S	P	U	L	H	E	S
Prerequisite phase/course attendance (if applicable)	_____ School code _____ Date of completion _____ Course completed _____ Phase completed											
Military and civilian vehicle operator license(s) (if applicable)												
PART III REQUIRED DOCUMENTS												
Security clearance (if applicable, attach as required)												
Permanent profile attendees (if applicable): AA & AGR must have copy of MRB (P3, P4) results with completed DA Form 3349 (must include Army doctor-approved alternate aerobic event for APFT). TPU/Traditional Guardsman must have copy of completed DA Form 3349 (must include Army doctor-approved alternate aerobic event for APFT)												
All required waivers (if applicable)												
Other requirements (if applicable)												
OTHER REQUIREMENTS OF DA PAM 611-21 NOT PREVIOUSLY LISTED												
Other requirements (if applicable)												
Other requirements (if applicable)												
Other requirements (if applicable)												
Other requirements (if applicable)												
I have been counseled and read all requirements applicable to the course I am attending. Attendance at this course and class will not pose any known hardship on me and/or my family that would detract from or prevent me from successfully completing course requirements.												
Student's Signature										Date		
I have reviewed the above Soldier's qualifications and potential to successfully complete this course; have counseled him/her on these requirements and hereby verify his/her readiness to attend same.												
Commanding Officer (typed name)										Date		
Signature												

THE ARMY SCHOOL SYSTEM (TASS) UNIT PRE-EXECUTION CHECKLIST (FOR USE OF THIS FORM SEE TRADOC REG 350-18; PROPONENT IS DCSOPS&T, RCTID)		
Please print or type.		
1. NAME:		2. LAST FOUR:
3. UNIT:		4. DOR :
5. COURSE TITLE:		6. REPORT DATE:
1 st line leader initials	Soldier's initials	PART-I Unit Pre-execution (D-90 to D-1)
		Coordination between customer unit and TASS unit to identify the Soldier by name?
		Soldier in receipt of school/course information?
		Read ahead packets/prerequisite testing complete? (if needed)
		All required clothing/equipment IAW school/course info packet?
		Soldier demonstrated physical fitness requirement on diagnostic test administered within 30 days of scheduled departure for school (as required)?
		Soldier meets standards of AR 600-9?
		Transportation requirements completed?
		Adequate cash/traveler checks/Government Credit Card?
		Individual orders received?
		Individual has current periodic physical (within 5 years)?
		Individual meets remaining TIS requirements?
		School Mailing address/Telephone numbers received? (for family)?
		10 copies of orders?
		Transportation verified/approved (ticket picked up)?
		Current/valid identification card?
		ID tags (1 pair)?
		If applicable: Soldier requiring corrective lenses has a set of military prescription eyeglasses and protective mask inserts?
		Notify Soldier of requirements to take an APFT and weigh-in, as required?
Unit POC List: CDR _____ B: () H: () _____ 1SG: _____ B: () H: () _____ FTM: _____ B: () H: () _____ Unit POC FAX: () _____ Unit POC Email _____		